
PROGRAM MEMORANDUM CARRIERS

Department of Health
and Human Services

Health Care Financing
Administration

Transmittal No. B-01-05

Date JANUARY 25, 2001

This Program Memorandum re-issues Program Memorandum B-00-06, Change Request 777 dated February 2000. The only change is the discard date; all other material remains the same.

This Program Memorandum re-issues Program Memorandum B-99-6, Change Request 777 dated March 1999. The only change is the discard date; all other material remains the same.

CHANGE REQUEST #777

SUBJECT: Matrix to Complete Provider/Supplier Enrollment Application (HCFA-855)

In response to questions raised at the 1998 Provider Enrollment Conference in September, we have designed the attached matrix to help you identify those fields that an applicant must complete to enroll in the Medicare program as a provider/supplier.

For those columns marked with an **AX@** (Aif applicable@) , the applicant would complete the data fields if applicable. For those columns marked with an **AM@** (Amandatory@), the applicant must complete the section. If an applicant does not complete a section on the application where the matrix is marked **AM@**, contact the applicant to complete the field. The decision on how to contact the applicant, in writing or by telephone, is at your discretion. (See Medicare Carrier Manual Part 4 ' 1030.2.) All documentation, attachments, licensure information and signatures must be submitted as required for that supplier's specialty.

If an applicant completes a section that is not required, it is not necessary to return the application. For new individuals who are joining a group, and neither the group nor the individual were enrolled prior to Form HCFA-855, both the individual and group must complete Form HCFA-855. Form HCFA-855R is to be completed by the additional individual only. The entire group does not complete Form HCFA-855R.

NOTE: The matrix does not completely match the instructions in Form HCFA-855.

As a result of issues raised at the September conference, we are no longer requiring the following applicant types to complete the corresponding data fields:

- o individual--sections 8, 12, and 13.
- o sole proprietor--sections 8, 12, and 13.
- o organization--sections 13 and 16.
- o group--sections 1b, 12, and 13.

Inform the applicant of these changes. Attachment 2 provides you with stock language informing the applicant of the change in the application instructions.

We are making corresponding changes to MCM ' 1030.1.

HCFA Pub. 60B

These instructions should be implemented within your current operating budget.

This Program Memorandum may be discarded after February 1, 2002.

Contractors should contact the appropriate regional office with any questions. Regional office staff may direct questions to Patti Snyder on (410) 786-5991 and Allen Gillespie on (410) 786-5996.

2 Attachments

Attachment 2

STOCK LANGUAGE

Dear Applicant:

The following information is to guide you in completing certain sections of Form HCFA-855 application for your provider/supplier type, and in some cases supersedes the Application Completion Instructions on page III of the application. Because of budgetary constraints we cannot change the application instructions at this time.

We are no longer requiring the following applicant types to complete the corresponding data fields:

- o individual--sections 8, 12, and 13
- o sole proprietor--sections 8, 12, and 13
- o organization--sections 13 and 16
- o group--sections 1b, 12, and 13

If an entire section is not applicable, check the box at the beginning of the section indicating the entire section is not applicable. For further instructions on how to complete the application, see Page III in the application.

All applicants must check the appropriate box next to the following:

Type of Business

Applicant Enrolling As Type

Federal Health Program

Application For

Submit Billings

Enrolled in Other

Individual complete sections 1A, 1D, 2, 3, 4 (if applicable), 5, 6, 7, 9, 14, 15 (if applicable), 17, and 18.

Sole Proprietor complete sections 1A, 1B, 1D, 2, 3, 4 (if applicable), 5, 6, 7, 9, 14, 15 (if applicable), 17, and 18.

Organization complete sections 1B, 1D, 2 (if State requires license), 5, 6, 7, 8, 9, 10 (if applicable), 11 (if applicable), 12, 14, 15 (if applicable), 17, and 18.

Group complete sections 1C, 1D, 2 (if State requires license), 5, 6, 7, 8, 9, 10 (if applicable), 11 (if applicable), 14, 15, (if applicable), 17, and 18. All group members/partners must complete Form HCFA Form 855R.

Partnership complete sections 1C, 1D, 2 (if required), 5, 6, 7, 8, 9, 10 (if applicable), 11 (if applicable), 14, 15 (if applicable), 17, and 18 of the general application. For partners who reassign their benefits, they must complete Form HCFA-855R.

Mass Immunization/Roster Biller complete Sections 1b, 1d, 2 (if required), 5, 6, 7, 8, 9, 14, 15 (if applicable), 17, and 18.

HCFA 855

	Attachment 1																												
Applicant Enrolling As	Need HCFA-855C	Need HCFA-855R	18. Cert Statement	17. Contact Person	16. Surety Bond	15. Electronic Claims	14. Billing Agency	13. ROB	12. Contractor Information	11. Chain Organization	10. Parent/Joint Venture	9. Managing Employees	8. Ownership	7. Prior Practice	6. Practice Location	5. Exclusion/Sanction	4. Board Certification	3. School	2. License	1D. All applicants	1C. Group	1B. Organization Only	1A. Individuals Only	Enrolled in Other	Submit Billings	Application For Federal Health Program	Enrolling As	Type of Business	
Individual Enrolls for the First Time			M	X		X	M					X			M	M	M	M	M	M			M	X	X	X		X	X
Individual joining group only. Neither the group or individual were enrolled prior to HCFA-855. The individual completes		M												M	M	M	X	M	M	M			M	X	X	M	X	X	X
NOTE: The group must also complete the HCFA-855 if it enrolled prior to HCFA-855. See following page.																													
Individual joining a group. The individual was previously enrolled with the HCFA-855. The individual completes			M																										
Individual Adding/Deleting Practice Location who previously completed an HCFA-855				M								X			M								M			M			
Individual relocating his/her practice location who completed an HCFA-855. Also, can report on the HCFA-855.		M																											M
Individual adding Practice Location who enrolled prior to HCFA-855												X			M	M	M	M	M	M			M	X	X	M	X	X	X
Sole Proprietor Enrolling for the First Time												X	X	X	M	M	M	M	M	M			M	X	X	M	X	X	X

X = if applicable
M= mandatory
L= mandatory if State requires license

HCFA 855

	Need HCFA-855C	Need HCFA-855R	18. Cert Statement	17. Contact Person	16. Surety Bond	15. Electronic Claims	14. Billing Agency	13. ROB	12. Contractor Information	11. Chain Organization	10. Parent/Joint Venture	9. Managing Employees	8. Ownership	7. Prior Practice	6. Practice Location	5. Exclusion/Sanction	4. Board Certification	3. School	2. License	1D. All applicants	1C. Group	1B. Organization Only	1A. Individuals Only	Enrolled in Other	Submit Billings	Application For	Federal Health Program	Enrolling As	Type of Business	Applicant Enrolling As
Group enrolling for the first time			M	M			M			X	X				M	M				M	M			X	X					
Group previously enrolled prior to HCFA-855. The group is adding a member. The physician has individually enrolled with the HCFA-855. The group completes																M	M		L											
Group enrolled previously with HCFA-855. The group is adding a member. The member has enrolled with the HCFA-855. The group and the individual completes																														M
Group previously enrolled prior to HCFA-855. The group needs to update information. The group completes																M	M		L											
Group previously enrolled with HCFA-855 and needs to update information. It completes the HCFA-855C if applicable. If data element is not on the HCFA-855C, the group indicates change on the HCFA-855 and also completes																										M				
R=HCFA-855R needed for additional individual only																														

X = if applicable
M= mandatory
L= mandatory if State requires license

HCFA 855

	Need HCFA-855C	Need HCFA-855R	18. Cert Statement	17. Contact Person	16. Surety Bond	15. Electronic Claims	14. Billing Agency	13. ROB	12. Contractor Informatio	11. Chain Organization	10. Parent/Joint Venture	9. Managing Employees	8. Ownership	7. Prior Practice	6. Practice Location	5. Exclusion/Sanction	4. Board Certification	3. School	2. License	1D. All applicants	1C. Group	1B. Organization Only	1A. Individuals Only	Enrolled in Other	Submit Billings	Application For	Federal Health Program	Enrolling As	Type of Business	Applicant Enrolling As
Organization enrolling for the first time		X1	M	M		X	M		M	X	X	M	M	M	M	M			L	M		M		M	M	M	M	M	M	
Organization previously enrolled with HCFA-855. The organization needs to update information. It completes the HCFA-855C if applicable. If data element is not indicated on HCFA-855C, the applicant indicates change on the HCFA-855 and also completes				M																		M								
X1=If organization is operating as a group receiving reassigned benefits, follow group matrix																														

X = if applicable
M= mandatory
L= mandatory if State requires license